

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Joseph Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 Days**
In this community **50 Years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2101 Linwood Blvd.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **MRS. LELAH KEEBAUGH**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced, **Widowed**
6. (b) Name of husband or wife **Luther B. Keebaugh**
6. (c) Age of husband or wife if alive **—** years
7. Birth date of deceased **April 17 1957**
(Month) (Day) (Year)

8. AGE: Years **86** Months **8** Days **16**
If less than one day
hr. min.

9. Birthplace **Huntsville Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business

MOTHER FATHER {
12. Name **Mr. J. E. Oliver**
13. Birthplace **Covington Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah Badings**
15. Birthplace **Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Oliver M. Keebaugh**
(b) Address **2101 Linwood Blvd.**

17. (a) **Burial** (b) Date thereof **Jan. 4, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Washington**

18. (a) Signature of funeral director **Freeman Mortuary**
(b) Address **104 West 42nd street**

19. (a) **Jan 3, 1944** (b) **J. G. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **2nd**
year **1944** hour **7** minute **17**
21. I hereby certify that I attended the deceased from **Oct. 7th 1943** to **Jan 2nd 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Chr. Myocardosis & Cardiac Decompensation**
Due to

Other conditions: **93**
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration **2 mos**
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature **James S. Smith** (M. D. or other)
Address **318 Prof Bldg. KC Mo.** Date signed **1/3/44**
While at work (Specify type of place) (e) Means of injury

712780
11.20.11 5.20.11

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Walter H. Corwin

Licensed Embalmer No. 4352

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.